

*Journal of*

# CLINICAL PASTORAL WORK

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# JOURNAL OF CLINICAL PASTORAL WORK

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## STATEMENT OF AIMS

**BRING** together descriptive accounts of pastoral work with individuals and groups, in parish, hospital and prison, and to encourage parish clergy and chaplains to share their understanding and methods.

**DEMONSTRATE** the use of concise note-taking in clarifying the pastoral process and in providing a factual basis for pastoral work.

**CLARIFY**, from specific pastoral situations, both the religious needs of the parishioner and the principles of relating to other professions also concerned with a ministry to people; especially medicine, penology, social work, nursing and education.

**USE** the insights of other professions, not in imitation of these professions, but as a means of further strengthening the clergyman's understanding of the needs and resources of his people and of his role and relationship with them.

**THROW** light on the elements of normal Christian living through clinical accounts of the pastoral care of the adequate and wholesome person.

**CONSIDER** the principles and methods of Clinical Pastoral Training of the theological student, the nature of the supervision involved, and its relation to other elements in the curriculum; recognizing the growing interest in this educational approach in helping the student make real in understanding and practice his work in the seminary.

## ANNOUNCEMENT

The Editors are glad to announce an exchange of Spring Issues of this Journal and the *Journal of Pastoral Care* published under the editorial leadership of the Rev. Rollin J. Fairbanks, Director of the Institute of Pastoral Care in Boston.

The *Journal of Pastoral Care* was first published in September of 1947 to "stimulate and present original material in the field of pastoral care." It is sent to those who become members of the Institute of Pastoral Care, the annual dues for which is \$3.00.

It is an encouraging sign that there are now two journals devoted exclusively to pastoral work, and we commend the *Journal of Pastoral Care* to our readers.

## CORRESPONDENCE

All correspondence related to editorial matters should be addressed to the Rev. Robert D. Morris, Editor; Episcopal Hospital, Front Street and Lehigh Avenue, Philadelphia 25, Pennsylvania.



# STUDIES IN THE FOUNDATIONS OF CHARACTER

WILLIAM R. ANDREW

*The author is Chaplain at the New Hampshire State Hospital, Concord, N. H., having been Chaplain at Elgin State Hospital, Elgin, Illinois. His paper was read at the Fall Conference of Supervisors, Council for Clinical Training, 1947, The Virginia Theological Seminary, Alexandria, Virginia.*

## THE PURPOSE OF THE STUDY

### THE COMMISSION TO THOSE WHO WOULD BUILD CHRISTIAN CHARACTER:

"We work together in God's service; you are God's field to be planted, God's house to be built. In virtue of my commission from God, I laid the foundation of the house like an expert master-builder; it remains for another to build on this foundation. Whoever he is, let him be careful how he builds. The foundation is laid, namely Jesus Christ, and no one can lay another. On that foundation any one may build gold, silver, precious stone, wood, hay, or straw, but in every case the nature of his work will come out; the Day will show what it is, for the Day breaks in fire, and the work will test the work of each, no matter what the work will be." I Cor. 3:1-13 (Moffatt's translation).

The child at birth is God's field to be planted, God's house to be built. He is to grow into Christian character, the foundation must be built with the expertness of a master-builder. If the character structure is not built soundly from the first foundations in childhood up through to the finished structure at adulthood, the flaws will be uncovered when the person's character is tried by the fires of adult responsibilities in the world of hard reality. In our mental hospitals, we see the unhappy results of faulty construction from the very foundation, which have weakened the entire character structure, so that it has broken under the responsibilities of the adult world.

We study these broken character structures, to learn at what points in the construction there was faulty workmanship on the part of the master-builders. We learn where we have failed as Christian parents, teachers and pastors in our responsibility to God and to His children. By learning where we, as the fellowship of the Church, have failed, we learn how we can correct our mistakes of the past and improve our abilities as master-builders in God's service. This is the purpose of Clinical Pastoral Training in the mental hospital.

## THE PLAN

This purpose is accomplished by means of an integrated program of study and service to patients. As our founder, Dr. A. T. Boisen, has so aptly stated, "... service and understanding go ever hand in hand. Without true understanding it is impossible to render effective service, and only as one comes in the attitude of service will the doors open into the sanctuaries of life." The program of service includes conducting services of worship, calling on each newly admitted Protestant patient, visiting in-patient wards and the aged, and intensive pastoral calling on a selected few patients. The program of study consists of systematically recording each of these intensive pastoral calls and evaluating it with the theological supervisor, writing the life experiences of the patient in systematic history form, so that they can be better understood by the student for a final



written interpretation of what caused the breakdown in the patient's character structure. Finally, he asks himself, what Christian influences might have resulted in a stronger Christian character? These first-hand studies of living sinners and sufferers are supplemented by seminar discussions of mimeographed cases, studied by others.

## THE CONTENT OF THE PROGRAM

"Now everyone who listens to these words of mine and acts upon them will be like a sensible man, who built his house on rock. Down came the rain, floods rose, winds blew and beat upon that house, but it did not fall, for it was founded upon rock. And everyone who listens to these words of mine and does not act upon them will be like a stupid man, who built his house on sand. Down came the rains, floods rose, winds blew and beat upon that house, till down it fell— and mighty was the crash!" Mt. 7:24-27 (Moffatt's translation).

The extremities of mental distress provide an excellent opportunity for learning exactly how the foundations of strong Christian character start in the cradle, how a growing Christian faith must be part and parcel of the formative years of life, if the character structure is to withstand the storms of life. Or conversely, this study reveals the exact nature of the adverse influences which cause the adult character to be found on dangerously shifting sands. It is evident that if the first brick in the foundation of a house is poorly laid, the entire structure will be more threatened than if the last brick in the chimney is a poor one. The same can be said in the building of human character structure. If the earliest parts of the foundation are not soundly established, the entire structure is never too strong and is in constant danger of crashing under the storms of life, no matter how sturdy the superstructure may look.

### I. FOUNDATIONS OF TRUST IN GOD

*(Learning faith in a bountiful God)*

Thus, it is discovered that certain character weaknesses are started by adverse circumstances in the first years of life. That is, circumstances made it impossible for the child to learn the first religious lesson of life. The lesson is this, that God in his providence has intended that each of his children should have an abundant supply of necessary material and spiritual blessings. The child in the cradle gets his first impressions of God's world, impressions of lasting strength because of his complete helplessness and dependence. He learns that the world in which he lives is either abundant with supplies of food and love, or that is a capricious, inconstant, fateful world, to be feared and shunned. Moreover, he learns that the feelings, desires, energies which God created in him are either sources of well-being and exciting growth, or sources of distressing hunger, pain, anxiety and something to be feared and hated. He begins to learn whether he has a self which he and others can like and respect, or whether it is a self that can only be depreciated and hated. This growing sense of self and the world can develop into the secure faith that each person is of inestimable worth in the eyes of God, or that each person is of little worth in God's eyes. In a word, according to the type of nurture begun in the first years of life, when he is entirely helpless and at the mercy of his world, the child learns varying degrees of "In God I can trust," or "In nothing can I trust." He learns this lesson, not with an intellect which, of



—with his whole being.

#### EXAMPLE OF CHARACTER WEAKNESS FROM THIS PERIOD

A highly intelligent young man of nineteen<sup>1</sup> came to a doctor's office because he was so depressed that he was unable to concentrate on his studies at a technical school; this depression was aggravated by anxiety to fail and have to face his father's disappointment. It developed that actually he had been disappointed by his father. When he had a great need to look up to his father, he had to conceal the fact that his father was a professional gambler. With great difficulty he reported the fact that his mother had been accidentally burned to death when he was three. He said he could remember nothing about her and was stunned when he learned at eight years of age that his step-mother (whom his father married a year after the death of his mother) told him the truth. Asked how he got along with women, the patient looked at the therapist (a woman) through narrowed eyes and said, "You seem to be receding further and further into the distance." He said that every one seemed "cold" to him. There were long philosophical recitals of his feeling that all his life he had been "looking for something in reality that is familiar, that I knew a long time ago. I don't know what it can be. It is something steady." Some day I feel I'll find it." When, in the third month of treatment, it was suggested that, since he was only three years old, he might have seen his mother's death as desertion, he became irritable and replied angrily, "I must have been a stinker, for no relatives would take me." It was suggested that a person feels like a "stinker" when he is not sure of being loved and is angry and that he was holding back not only his angry feelings but also, perhaps, the fact that he and his mother loved each other. Suddenly tears welled up and the boy threw himself sobbing on the couch. After ten minutes he grew calm and said, with great feeling, "I feel as if my own mother were all around me here. It's something so familiar." Turning to the therapist, he ordered her, "Tell me everything about *your* standards. I will accept them. Tell me what is right about sex, possessions, religion." At the end of the interview, he said, "I know who I have been talking to—my mother! And I feel wonderful!" From this point on the patient felt no more depression and worked in his studies with enthusiasm.

This boy's story is characteristic of the type of person who is desperately hungry for a person who will give him love and positive values to guide his life, but who, having been denied these, feels deeply resentful without a person to love him and give him ideals, he feels cast out and worthless. The resentment over this sense of worthlessness causes guilt and depression. This case shows how important it is that the mother of the small child incarnate within herself and give to her son the Christian love and sense of worth which can act as a motivating force in his life. It shows how difficult, if not impossible, it is for a person who has lacked these vital personal experiences eventually to accept God's love and will as guiding forces in his life. In a very real way, this experience of receiving guiding ideals along with love is a forerunner of the high point of Christ-

<sup>1</sup>The nineteen-year-old depressed boy: a digest of "Case P," A. M. Johnson, M.D., *Psychoanalytic Therapy*, F. Alexander and T. M. French et al, Ronald Press, N. Y., 1946, pp. 293-7.



tian worship, Holy Communion. The taking in of the bread and the wine symbolizes the taking in of Christ's love and way of life, which, in turn, become the motivating and guiding force in the life of the worshipper. There are many persons in the world today who have a similar sense of worthlessness and who are equally hungry for real love and Christian values, but whose bitterness shuts the doors of their souls to the healing Christ who is ever ready to enter. They go about tormenting themselves with guilt over minor things, while actually they are feeling guilty over a deep and bitter disappointment in those who first nurtured them. They are likely to feel that it is God who has let them down or punished them, when actually it was their parents, upon whom both they and God depended.

## II. FOUNDATIONS OF CHRISTIAN ETHICS

*(Learning self-regulation by the spirit of love)*

As in Jesus' day so in ours, one of the most difficult religious teachings to understand and believe is that a person's life can and should be regulated by the spirit of love rather than by fear of the Law.

Paul devoted a large part of his writings to making the important distinction between being guided by a good heart as over against the Law.

"If you are under the sway of the Spirit you are not under the Law" (Gal. 5:18). "Why submit to rules and regulations like 'Hands off this!' 'Taste not that!' 'Touch not this!' . . . These rules are determined by human precepts and tenets; they get the name of wisdom from their self-imposed devotions their fastings, and their rigorous discipline of the body; but they are of no value; they simply pamper the flesh!" (Col. 2:20-23). "If saving righteousness comes by way of Law, then indeed Christ's death was useless" (Gal. 2:21). "He who loves his fellowman has fulfilled the Law: 'You must not commit adultery, you must not kill, you must not steal, you must not covet,'—these and any other command are summed up in a single word, 'You must love your neighbor as yourself!' Love never wrongs a neighbor; that is why love is the fulfillment of the Law" (Rom. 13:8-10).

The study of distressed souls in a mental hospital provides an excellent opportunity for understanding exactly how a person comes to live by the Law rather than by the Spirit, because inevitably that is what has happened. It becomes evident that the foundations for one or the other of these types of religious living is laid very early in life. It starts when the world around the child is beginning to make social demands upon him, when the child must begin to accept regulations and to take certain responsibilities. Keeping his body clean, being neat about clothes, keeping his belongings orderly, learning to share toys, learning social amenities become important issues. However, none of these matters come quite so close to the child's instinctual needs and none are so personal as the matter of toilet training.

Time and again it is found that the spirit of Pharisaic legalism was started in the child by the attitude of the persons responsible for his social training. They themselves believe more in the child's original sinfulness than in his original virtue. They have no confidence in the child's innate intelligence, in his wish to cooperate, in his desire to do what is asked of him, if it is a request he can reasonably meet and if he is allowed reasonable time for learning. The error, which lays the foundation for Pharisaism is to treat the child like a "little devil," who must be beaten into submission by strictness, harshness, even cruelty.

Each child has his own rhythms about all physiological tensions and needs, such as eating, sleeping, elimination, sex. These biological rhythms are God-given, normal and necessary to healthy productive living. They are not a source of danger and anti-social behavior, unless they are treated with shame, disgust or hostility. Rather, not allowing them to function naturally and normally, trying to force them to obey unnatural, rigid standards which are contrary to God's creation, causes unnecessary frustration and thus puts them in the service of anti-social feeling: anger, stubbornness, disobedience, cruelty, destructiveness, perversions. To combat these feelings, the child becomes excessively orderly and correct in every way. Everything has to be just so at all times. In later life these legalistic strictions develop into a conscience with its legalistic codes of morality. Often these codes may be as much at variance with the actual realities of existence as were the mother's commands. Some people control all their behavior at the dictates of unreasonable codes and ideals and feel a great sense of having sinned deeply if they transgress them. They live grimly by the letter of the law and will not tolerate any trace of carelessness in themselves or in others.

Like Paul, they have lived under the "law" a matter of years before they have a chance to come to know Christ and the spirit of love. In fact, at that late date, to change to a life motivated by the spirit of love would require as radical a change of the very foundations of their character, as is required of Paul. Salvation becomes a crisis experience of "dying unto the Law" and being "reborn in the Spirit," a thing which cannot be done without a struggle so serious that many persons never come through it victoriously. Rather, they spend the remainder of their lives in the grips of a helpless conflict described by Paul: "I do not understand what I am doing; for I do *not* do what I want to do; and I *do* things that I do *not* want to do." This helpless condition is called by some theologians the result of "original sin."

Adults who cause this to happen to children can take a lesson from Paul's life regarding the results of a legalistic training: "The command gave an impulse to sin, and sin resulted for me in all manner of covetous desire—for, *sin, apart from law is lifeless*. I lived at one time without law myself, but when the command came home to me, sin sprang to life and died; the command that meant life proved death for me . . . The command gave an impulse to sin, sin beguiled me and used the command to kill me" (Rom. 7:8-11).

In a word, what defiles a child and fills him with sinful thoughts and feelings is the defiling attitude of the parent, who can only see defilement in the child's body and in his innate desires. As one student of the problem put it, "There is no evidence that children are born rebellious, neurotic or psychopathic. They learn to become so from these kinds of parents." On the other hand, a generous and loving spirit is learned from generous and loving parents. Hateful legalism begets "original sin." Love begets rational, lovable characters.

#### EXAMPLES OF STRUGGLE WITH A LEGALISTIC CONSCIENCE

1. In describing her feelings at the time of her acute distress, a 44-year-old woman<sup>2</sup> said, "I feel that I am caught in ten thousand fish nets with

<sup>2</sup>An unpublished case from the author's files.



not a single hole to escape through." She thought that she was being followed and watched constantly, that the parents of her school children, the people in her boarding house, the Secret Service and the F.B.I. were in league to ruin her reputation. Finally, she became so terrified that she barricaded the doors of her room each night.

About the way she was reared by her mother, she states, "We were slapped or spanked for every little thing. Quite often we did not even know why we were being spanked. Once I had a quarrel with my sister Margaret. My mother insisted that I tell her what happened and I couldn't remember. She said, 'I'll make you remember!' and spanked and spanked me. But I just got terribly confused. Another time when she spanked me and sent me to bed without supper, I was so horribly confused that I got up in the night and had a bowel movement on the floor. My mother was horrified. She had always bragged how she had trained us so well and so early in our toilet habits . . . Everything about the house had to be just so all the time. We could never have company, because we might mess up the house.

"My mother was very prudish about sex and she always pushed father away, if he made a move to kiss her. She had a very strong distaste for everything connected with sex."

In one interview she very reluctantly admitted that a note in her hand marked "spankings" referred to the feelings she had when her mother spanked her. It was just like the sensation she got from masturbating. "But why do I have to talk about that? It makes me so uncomfortable. I have always been taught that sex is so vulgar. Anyway, masturbation and punishment always go together in my mind."

Speaking of her resentment of people who speak disparagingly of her, she made this slip of the tongue, "All those people in the community were always raping—I mean raking in all that stuff against me." Asked the significance of the word "raping" to her, she replied, "I have always been afraid of being raped, and that is why having a house of my own is so important to me . . . I can be important as a person there; otherwise life is a bottomless pit . . . In my own house I could have intercourse freely, and no one could stop me."

It was a combination of her husband getting a divorce and forcing her to sign papers to sell their home that precipitated her illness. In spite of the "hell on earth" of living with a sadistic husband, the one thing that made life bearable for her had been long hours of love-making at night in which the pleasure was derived from all sorts of sexual practices short of intercourse. Although she considered these pleasures as being "dirty" and only felt safe having them in the protection of her house, she derived a sort of desperate thrill from them. After the divorce her husband continued to desire the love-making and it appealed to her, too. Without a house, they were forced to have relations in public parks. This only added to the danger and dirtiness of sex to her.

This woman is representative of one way in which people try to solve the dilemma of finding satisfaction for their biological needs in the face of a punitive legalism which has been internalized as conscience. To ease the torture of a hateful conscience, she projected the hateful reproaches upon others who were "out to ruin her reputation." Her conscience, which was as sadistic toward her as her mother had been, she

ated with God's will. Thus, in order to express her God-given drive for complete heterosexual love, she had to turn it into something perverted and dirty for which she must be punished. The complete love of man for woman could only be attained in defiance of God Almighty and at the pain of terrible punishment. According to her deepest feelings, God loved and respected her as a person no more than her mother had. As she described herself many times, she felt that she was a "nonentity." Instead of having the freedom to live as a real person, she felt that she was "caught in ten thousand fish nets with not a single hole to escape through."

Such an enslaved soul cannot help becoming deceitful in its desperate efforts to find its freedom and sense of worth. It becomes bitter against the world which it feels has enslaved it and can no longer take responsibility for its bitter feelings. False pride, which has long been considered the greatest obstacle to salvation, is the pitiful attempt of a soul, crushed by feelings of worthlessness, to achieve some semblance of self-respect, because it is convinced that neither God nor man cares for it or believes in it. This is the one defense it knows against losing itself in a "bottomless pit."

2. A twenty-four-year old nurse<sup>3</sup> had been brought up very strictly by Puritan parents who, originally Roman Catholic, had turned to a puritanical Protestantism with the zeal of new converts. Some of her seven brothers and sisters had left home, because their lives were minutely regulated by the parents. The patient was never allowed to go out with boys until she was twenty-two. Even then she had to be in by ten o'clock and the mother interviewed every man she met. She was given a choice of a career or marriage. Inasmuch as she was interested in a career, the parents insisted that she have nothing to do with men. A year before her illness she found a job in another city, because she felt so restricted at home. About the same time a boy friend persuaded her to have intercourse with him. It was very disgusting to her and she was sure she had syphilis. When she returned home for Christmas, she looked at her mother a long time, although she did not recognize her. She was confused, perplexed, depressed and spoke about being a failure. Finally she was hospitalized for trying to jump out a window and making several other attempts to kill herself. She called on God and announced that she was a sinner, and mentioned that she had been intimate with the boy friend.

At the hospital she went through a strange experience in which she had mysterious things were happening to her. She was agitated, mute, untidy, and for a long time wandered about the ward dirty, unresponsive, with a vacant, dull expression. Later she gave this account of her experience.

"I went through what I thought was positive hell . . . I thought I had been so wicked on earth that I was not allowed to live on it any more and that only good people were allowed to enjoy its luxuries . . . To be really mad was my only craving, for I had no hope of ever enjoying the luxuries, someone might call them such, of my home again. Everybody seemed to look on me with great disgust and hatred . . . After about a week of agony, I found myself on a boat bound for Italy. I had been kidnapped and was

the twenty-four-year-old catatonic nurse: a digest of case in "A Psychodynamic Study of the Recovery of Two Schizophrenic Cases," T. M. French, and J. Kasanin, *Contemporary Psychopathology*, S. S. Tompkins, editor, Harvard University Press, Cambridge, 1943, pp. 355-70.

relieved of my suffering to a very small degree by being taken into another world. I must now suffer for my sinful life upon earth. I was being transformed into a snake that was fed cornmeal mush with molasses and plenty of milk . . . Everyone that looked at me walked away and could not bear to see me . . . I heard my friends' and relatives' voices. They all wanted me to return home. I could hear them pleading with me.

'I was so dissatisfied with the life that I had led . . . that I determined to become a Catholic . . . They had to confess their sins to the priest while we kept everything hidden within ourselves . . . Consequently I became, (I sincerely believed) a Catholic. I wanted a priest, but apparently I was in no condition to be seen. So they put me in packs and I returned to hell once more . . . The next thing I remember was being tube fed. I looked up into the doctor's face and she reminded me so much of a dear friend of mine that I felt she was there to help me . . . One day when the doctor went by, I smiled at her and she responded by coming to talk to me . . . Because she said she would talk to me only if I wanted her to, I was willing to try. She asked me what I wanted most. I said, 'A chance to live again.'"

After that the patient showed more interest in her environment and began to be more communicative. "When I first discovered that there were one or two people ready to be my friends, I immediately started to improve, but not until then." During this period she began to work through realistically the problem of her relations with her boy friend. She was paroled, to be seen by a psychiatrist for the next nine months. She was eager to talk with the doctor in these interviews and constantly sought direction and guidance. She was like a small child who begged to be led. She fell in love with another man and would ask for detailed instructions to govern her conduct with him. When she was told she might conduct herself in any way she thought best, she would say that that was exactly what she had been doing. It seemed as though she wanted her behavior accepted, rather than permitted. She married the young man and impresses one as a stable, intelligent, mature woman with a good deal of social poise, tact, and judgment.

In her struggle against the rigid legalism of her parental standards, in her acute illness in which she broke with them, and in the final establishment of her own standards of self-regulation, this girl's experience resembles dynamically the religious conversion and rebirth found in Christian literature from St. Paul down to the present. In her illness, she "died unto the law" of her parents' rigid Protestantism, left it for a standard of values which was more in keeping with the life-affirmative forces of God, meanwhile passing through a rebirth of her character structure in which she desired to be encouraged and guided as would a child in a wonderful new world. This type of mental and emotional struggle demonstrates better than any other the dynamics of the constructive growth from a "religion of the Law" to a "religion of the Spirit."

### III. FOUNDATIONS OF CHRISTIAN SERVICE

*(Learning to take up one's cross and follow the Master)*

The third major element in the foundation of a strong Christian character is achieved through successfully handling the experience of jealousy. Jealousy comes to the fore in a child's life, when he becomes aware for the first time that he does not have the exclusive attention and



possession of the person he loves most. It usually happens that the little boy realizes that his brothers and sisters, and especially his father, also demand and get the attention and affection of his mother. As this intimate group make up practically his entire world of persons at the time, his feelings about this interference with what he considers his dearest and most precious possession and source of love are very deep. The jealous feelings are complicated, in the case of his father, by the fact that the latter is larger, stronger and thus more able than he is, to demand the mother's attention and affection. What is more, there are times of the day and night when mother gives father special considerations which are never given the little boy. Thus, it is possible, not only for the boy to feel intensely jealous for being left out, but he may also get the feeling that the more powerful person has special privileges and favors. This feeling is enhanced, if there is a prohibitive parental attitude towards the child's natural interest in sexual matters. This leads to envy. It can also lead to a crippling fear of the possible consequences of his expressing his anger toward this more powerful person. These stormy feelings, together with his childish helplessness, can lead him to view his father—and all others like him in positions of power—as a hateful person who, because of his advantage of power, can take greedily for himself whatever he wishes to possess, and give to others less fortunate whatever small favors might please his whim.

Without Christian nurture at this time, this experience can leave the person's basic character with deep-seated jealousy and envy. It can so color his attitudes that he thinks of the world of men as hated rivals to be feared. Instead of feeling that his fellowmen are his "co-workers together with God," he sees them as his bitter competitors. As a consequence, so many of the individual's energies are spent in arming himself with defenses against his own anger, and in maintaining a semblance of friendliness with the rivals he secretly hates, that he has little energy left to develop his full potentialities for forceful, creative, social thinking and acting. Rather, he feels helpless and at the mercy of the unfriendly forces ruling the world.

In the Gospels there is an account of how Jesus handled a situation of jealousy.

When the disciples asked for special places of honor in the Kingdom, they had come to Jesus as though they were loyal subjects asking a favor of a benevolent despot who could either give or withhold that which they desired. Jesus, however, said that he was not playing the role of a ruler jealous of his power to give or withhold his largesse. Rather, he who has greater desires to serve and help others attain their own fullest powers.

There is no such thing as the divine right of kings—or of parents—to withhold and dispense possessions and favors. Nor is there, on the other hand, a divine right for special favors, which are not earned by the subject's—or child's—own efforts. Rather, the role of the stronger is to help the weaker achieve his own self-realization. The only God-given right of each individual is to be given opportunity to develop his own strength of character to the fullest. As to exactly what the fruits of that self-realization are to be, it is not for anyone else to give or to withhold.

This opportunity for self-realization may or may not be offered the growing child by the persons to whom he looks as his "rulers" and the dis-

sengers of privilege. These more powerful persons may play the role of the despot, possessive and jealous of their special grownup privileges. Thus, they may be jealous of sharing the love of their partners with their children. To a great many children it seems as though their parents were jealous of their knowledge of sex and its functioning. Such parents keep sex apart from the rest of life by making it something forbidden and "dirty." This, in turn, arouses jealousy and envy in the child, and a tremendous curiosity, guilt and fear of this forbidden pleasure. On the other hand, parents can make it apparent by their generous attitudes that they desire to share their love and knowledge and to help the child to achieve for himself his own fullest self-realization. The abundant life is not to be jealously kept from the child; neither is it going to be given to him on a silver platter.

In a word, jealousy and envy are learned by the child as the result of living with adults who are jealous and envious of their powers and privileges. A child is not overwhelmed by these negative feelings, if he is given the freedom and encouragement to develop to the fullest the God-created powers within him. This opportunity lays a foundation for the child's eventual ability and willingness to answer the call to serve God's Kingdom, "Take up thy cross and follow me."

#### EXAMPLE OF THE EFFECT OF JEALOUSY ON A MAN'S ABILITY TO ACHIEVE SELF-REALIZATION

The career of a scientist, which covered thirty-six years,<sup>4</sup> can be summed up in a few words. Despite a long series of "nervous breakdowns," he made several very valuable contributions to science; but his supreme achievement, toward which all his scientific interests converged, was never completed. Even though he had collected practically all the necessary data and formulated his hypotheses, he was never able to complete the work. The tragic causes of this failure will be presented.

Of his childhood he said, "Toward the end of this period (age 8) I formed the secret habit of inventing, in fancy, situations in which my longing for affection from others, was satisfied; and out of excessive indulgence in such fancies, the practice of masturbation developed spontaneously." The one person for whom the patient had an insatiable craving for demonstrations of affection was his mother. "The decade of youth through which I passed was unmitigated hell. The feeling of degradation due to masturbation never left me. During the last year of school, a stroll in the hills alone on several occasions was given over to continuous prayer, to the possible God, for miraculous relief."

At nineteen he tried to solve his problem by turning to pre-marital intercourse. When he attempted it, however, he found that all women were disgusting to him, and he could only get satisfaction through visualizing his ideal feminine type (who had his mother's attributes), while the real women became a "lump of clay" that he had "fooled." He was able to accomplish his scientific work only by solving his sex problems with a series of attachments to women who had been married. From thirty-two to thirty-four, he reached the high mark of his career and succeeded in working into "pure science." His relations with women at this time were

<sup>4</sup> Case AN3: from *Psychopathology*, Edward J. Kempf, C. V. Mosby Co., St. Louis, 1921 Chapter 6 "The Mechanism of Suppression or Anxiety Neuroses," pp. 252-276 & 278-9

divided between a young widow who became his mistress and a "refined" girl who became a companion devoted to encouraging him in his work.

This pattern of living was broken suddenly when his mistress became jealous of the other girl and demanded that they be married. He quickly disentangled himself from the relationship with the widow, and then became frightened by the prospect that he must again find a solution to his sexual problem. A strong desire came over him to marry his refined companion. Instead of feeling exhilarated, he was frightened. He ran away and never saw her again. Each time he made arrangements to meet her, his anxiety became so great that he was forced to avoid her. At the same time he renounced sex entirely and led a wholly continent life for the next twenty-three years. He was determined to consecrate all his physical and mental powers to the sacred memory of his mother and refined companion.

He made several scientific contributions and collected an enormous amount of data for his chief contribution to science, but breakdowns continued to prevent its final synthesis. This "general debility" finally caused his transfer from the department of pure science, which meant the end of his dream of accomplishing his goal and winning his girl friend's esteem. His life was now a failure. A paranoid inspiration to kill the man who was responsible for forcing him out of "pure science" led to his eventual hospitalization. He failed in his mission and said, in retrospect, that he was afraid the director would talk to him the way his father did and turn him off without considering him seriously. His father usually remarked about his never having grown up, and one of his greatest difficulties was that his father never *expected* him to "grow up." He felt compelled to kill, because he must remove "the source of the trouble."

His father had ruled the family with puritanical sternness, maintaining that, whatever the situation or disagreement, nevertheless the father should be obeyed. The one time in his life when he openly defied his father's principle that "might shall rule," the boy's mother anxiously pleaded with him that he must "please" not answer back to his father. He submitted to his mother, whom he worshipped, and, for her sake, yielded. The patient states: "I think I was neither timid nor shy by nature, but I learned to be silent under injustice. Later when I should have reasoned myself out of this state of mind, it had become second nature—now I react to personalities of a certain type, my father's type, as I have always reacted to his, from the time he took me in hand for training, and I, out of consideration for my mother's feelings, yielded up my independence."

It is clear from this man's life what happens to the human spirit when it is not allowed to realize its full potentialities, physically, mentally and emotionally. A father, jealous of his superior power to give or take away the good things of life, plus a mother who is afraid to stand up for her child's right of freedom to achieve self-realization, can cause a growing child to be afraid of becoming the strong person he could be. Rather, he becomes afraid of being anything more than a helpless, dependent child, incapable of taking on the responsibilities or of experiencing the joys of marriage and a vocation.

It is evident that, if marriage is to be a truly Christian Sacrament, the preparation for it must begin in the child's relationship to his parents. Only in a family atmosphere which is pervaded by a Christian spirit of generous affection one for another, and by a confident belief that each



person, in freedom, can and will achieve his own God-given destiny, will the foundations be laid for Christian love and responsibility in marriage. The Church's responsibility here goes much deeper than is usually realized.

These are a few of the major insights into the foundations of Christian character which theological students discover—not in books or lectures—but from the distressed souls in mental hospitals whom they come to serve and to know.

# DEVELOPING A CHAPLAINCY PROGRAM IN THE CITY GENERAL HOSPITAL

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This paper will present the way in which a Chaplaincy Program is being introduced in a City Hospital. It will first briefly describe the Hospital in which this work is being done and the religious ministry conducted before March, 1946. It will then describe what has been done to interpret the function of a trained Chaplain to hospital department heads, patients, nurses and nursing faculty, doctors and medical director and City Officials.

## THE ST. LOUIS CITY HOSPITAL

The St. Louis City Hospital is one of the eight city institutions maintained by the City of St. Louis and is for the purpose of caring for the physically and mentally ill. With a bed capacity of 1155 beds, 300 of which are for the diagnosis and treatment of the mentally ill, the hospital maintains a medical staff of 54 internes, 81 resident physicians and 172 graduate nurses. Each year the city hospital nursing school enrolls and trains 29 student nurses and affiliates of other hospitals.

For many years the religious ministry to the patients and the personnel of the hospital has been carried on by independent religious workers and City Missionaries who have been full-time employees of the Lutheran, Episcopal and Evangelical and Reformed Churches. These Missionaries visited the patients of the City Hospital and conducted services as their full schedules permitted. There was little coordination of their work and considerable overlapping of their services and it was not uncommon to have several worship services conducted by different groups all in the same week. For the past six years there has been a resident student Chaplain spending a period of "vicarage" at the hospital between his third and fourth year before graduation from Seminary and ordination to the ministry. This ministry did not represent a ministry of united Protestantism but was a denominational endeavor. In March, 1946, through the vision and the understanding of the Evangelical and Reformed Church, with its interest in the work of trained chaplains, a plan was evolved whereby a resident Chaplain would be appointed to the City Hospital ministering to all Protestants and representing the Metropolitan Church Federation of St. Louis. This Chaplain is now financially supported by the Evangelical and Reformed Church but works as a representative of united Protestantism. This plan was enthusiastically supported by the Superintendent of the City Hospital and on March 15, the work began on this co-operative basis.

## THE CHAPLAIN IN RELATION TO THE DEPARTMENT HEADS

The hospital that has had a student-Chaplain who changed every year does not easily or quickly reorientate itself to full-time resident Chaplain. From the beginning the Chaplain was introduced to various department heads by the Superintendent as a member of equal standing to other departments. This was done in personal visitation and by including the Chaplain in monthly staff meetings where hospital problems were discussed. Time was spent during the first weeks visiting all the depart-

ments of the hospital and getting acquainted with the personnel and their work. Early discussions were held with the Director of Nurses, Medical Director and Social Service Department. Opportunities are used frequently to met with these people and share some of the mutual concerns thus gradually making the Chaplain's work more understandable.

A group of workers known as Division clerks in our hospital have proven to be of great help to the Chaplain and his ministry. These civilian clerks have been asked to keep a list on the desk of the religious affiliation of their patients. In this way the clerk can inform the Chaplain of Protestant patients in need often before he finds them on the admission list.

The constant problem confronted by the Chaplain in relation to most personnel in the hospital is that of thinking the Chaplain's ministry is something to be tagged on the end of treatment when everybody else has given up. This kind of thinking requires much re-education on part of the personnel and suggestions for such a beginning are considered later in this paper.

## THE CHAPLAIN IN RELATION TO THE PATIENTS

In a large hospital there is always need to have some time saving method for the Chaplain to learn as quickly as possible who are the Protestant patients upon admission. A "night report" in mimeographed copy is issued every 24 hours in our hospital from the receiving room giving the basic information of the patient's name, address, age, service and division number. It was possible to add to this report, shortly after the Chaplain began work, the denominational affiliation wherever it was known. The admitting clerks now include this information, in a code system, on the sheets which are sent to various stations in the hospital, including the Chaplain's office. This allows the Chaplain to see patients on a selective basis and to locate them in the hospital quickly, with a minimum of wasted time.

A chaplaincy program that does not begin by making patient visitations is only a ministry in name and not fact. This along with a faithful follow up of all referrals made by various workers is extremely important in the beginning of such work, and has proved itself by experience. A good working relationship with civilian clerks on our divisions has also been very helpful in making contacts with patients whom the Chaplain should be seeing. Many of the clerks keep lists of the religious affiliation of all patients on the divisions and are quick to notify the Chaplain when a patient is placed on the critical list.

A printed card bringing attention of the patient to the availability of a Protestant Chaplain in the hospital has not been used in this program but will probably soon be started.

The ministry of the Chaplain through religious services has proved to be significant in establishing the work of the Chaplain. If the Chapel service is conducted in such a way as to encourage the patient to seek a contact with the Chaplain it has performed one helpful function. Two services are now held in the hospital. These services are a half-hour in length and are conducted first for the patients of the mental hospital in their own unit and later in the Hospital Chapel for the patients of the General Hospital. Attractive colorful bulletins are used for each Sunday service containing the order of worship and appropriate prayers and this



is taken to the division for the patients' further use or to be shared with other patients.

In the Chapel Service for the mentally ill patients, the Nursing Supervisor has made it a part of the training for students and affiliates to contribute to the Religious Services. The Nurses' Choir is directed by a graduate nurse who rehearses with them one hour a week and a pianist also secured in this way. No such support is given to the religious services by the nursing staff of the General Hospital. From this experience I think the response of the patients is better when such ministry is encouraged and supported by the hospital staff.

## THE CHAPLAIN IN RELATION TO THE NURSE

The nurse more than anyone else in a hospital has an opportunity to learn of the patient's needs and thereby be of help to the Chaplain.

Nurses have often asked of the Chaplain: "Just what do you do for the patient? Why are you seeing Mrs. C?" It has been possible to interpret to the individual nurse in some of these instances the work of the Chaplain. Other opportunities have been used to broaden the understanding of the nurse and to suggest ways in which the nurse can be of help to the Chaplain and thus to the patient. The Chaplain asked for an opportunity to speak to the nursing faculty on the subject, "The patient, nurse, and Chaplain." Later there came a request to speak to the graduate nurses on this same subject. Another step being taken now has come through the interest of the supervising nurse of the Medical Divisions. Our head nurses on these divisions are soon to be asked to join in an informal meeting to discuss ways in which the nurse can help the Chaplain meet the spiritual needs of the patients. It is felt that perhaps the most successful way now to educate the nurse to the function of the Chaplain is to work in these small informal groups and later expand it to other groups of nurses in the hospital. The opportunity to bring material on the function of the Chaplain to student-nurse classes has not as yet been offered.

## THE CHAPLAIN IN RELATION TO THE DOCTOR AND THE MEDICAL DIRECTOR

Individual contact with interested doctors has been used and in a few cases has been helpful in interpreting the Chaplain's work to them. To be able to talk individually with doctors who are openly opposed to the Chaplain has been a basis for better understanding and more cooperative work. Referrals are more numerous from doctors when the patient is critically ill and when the patient is more obviously emotionally disturbed.

One of the outstanding problems the Chaplain faces in the City Hospital is the large number of unorganized religious workers who visit any and all patients indiscriminately causing much disturbance in the wards by ward-prayers, devotional services and the distribution of literature. This is obviously one barrier to a better understanding of helpful chaplaincy work on the part of the Medical Profession. It was possible to meet with the Medical Director and thereby to gain his support for a more wholesome type of ministry. Through this method the Medical Director was willing to give his written support to the Hospital Commissioner and the Mayor of the City so that a directive was issued inviting and encouraging religious workers to visit patients of their own denominations and at

the same time eliminating indiscriminate visits to other patients. Ward services and prayers were in this way eliminated. It was found that the Medical Director was aware of the harm that could be done by many religious workers and was willing to work more closely with the Resident Chaplain in a more intelligent and understanding ministry to all patients. This is considered a beginning step in developing a better working relationship with the doctor.

The beginning here described in establishing a chaplaincy program has much to be desired. One approaches such a work however, with the realization that it will take years to develop the program and to do an adequate job of interpreting it to a City Hospital.

# SUGGESTIONS REGARDING THE EXAMINATION OF APPLICANTS FOR THE MINISTRY

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Many examinations for entrance to the professions, including that of the ministry, place the emphasis on gross physical health or intellectual capacity. There is often little consideration of physical symptoms which are associated with disturbed feelings or with the applicant's distress in his inter-personal relationships. Medicine, social work and nursing have been giving more attention to evaluating the personality factors in the students applying for entrance to their professional schools. It would be of value for the Church, also, to consider such matters as: The nature of the relationship between the applicant's mother and father and to himself; his relation to older and younger brothers and sisters; some of the chief characteristics of his family life; whether there was a sense of dependency, responsibility, self-reliance, over-protectiveness, and so forth; the nature of the discipline, punishment and rewards; attitudes toward the body, love and money; the nature of the recreational, cultural and social opportunities; major crisis experiences and their management. It would seem particularly important for the Church to know the quality of the applicant's inter-personal relationships, his emotional stability, spiritual maturity, and capacity for growth and understanding, since a large part of his responsibility is in this area.

In some of the forms for physical examination used by different churches, there are one or two questions related to the general area of personality and family life. On one such form the physician giving the physical examination is asked if, on the basis of the examination and any other knowledge, there is reason to object on physical or mental grounds to the acceptance of the applicant. The examination gives practically no attention, however, to mental and emotional factors, and thus it would be difficult for the physician to answer the question with much basis in fact unless the problems were very large and very obvious, such as a history of mental hospital experience. In one church, 20% of the disability grants of clergy are for emotional reasons and since many of the ordinary problems of the clergy have their origin in emotional distress; such as lessened capacity for work, intra-congregational conflict, poor relation to authority, superficial pastoral care, "feeling in a rut," chronic physical symptoms, sense of "not getting anywhere," critical and judgmental attitudes toward the parishioner in trouble, or evasive prudishness regarding matters of the sexual relationship and marriage; it would seem worthwhile to examine applicants more carefully in a way which would help one make some estimate of their capacities for inter-personal relationships. In addition to a physical examination which takes into account emotional elements in physical complaint, it would be helpful to have a psychiatric interview, an objective psychological test, and an interview with a clergyman with some understanding of the relationship of the deeper feelings to the professional religious adjustment.



A great many pastoral mistakes in the treatment of people have their origins in the personal emotional distress of the clergyman. The value of being aware of these things is seen in the clinical training experience. The student who is relieved from some of his fear, guilt, resentment or spite, does better work with his patients and relates more satisfactorily to supervision, to staff and to his fellow students.

Often what is needed is an examination that emphasizes not gross physical or mental pathology but the ordinary functional expressions of being in trouble. Some considerations which might be helpful are:

- (1) Are you subject to moodiness, depression of spirits or irritability?
- (2) Do you have fears of being in the company of people, or do you have any trouble at all in mixing with other people?
- (3) Do you develop symptoms relative to the heart, stomach, bowel or bladder when under emotional distress?
- (4) Are you preoccupied with concern over your health, and do you have need to consult a physician frequently for reassurance?
- (5) Are you troubled with bad dreams?
- (6) Do you have difficulty sleeping?
- (7) Are you sensitive to what people think about you, and do you ever feel that they may be talking about you and saying unfavorable things about you?

Of course when a Rorschach Test or some similar examination of emotional capacity is used, and an interview with a psychiatrist is held, the need for these questions in the outline is eliminated.

Perhaps it would be useful, in addition to the physical and psychological examinations, to have also a religious history. Occasionally the church is a refuge to students running away from serious family problems; or it may give an opportunity to the man with considerable pent-up aggression to express power over other people; or it may involve an expression of a childish need to be dependent and to be cared for (assuming a minimum responsibility and projecting the remainder upon God); or it is possible for the schizophrenic to feel a great gulf between religion and the ordinary things of everyday life, so adding to confusion, guilt, and anxiety rather than relieving it. The Church is also occasionally a haven for the unconsciously driven person who is concerned chiefly with numbers, quantity, and money. These tendencies need not necessarily keep a man out of the postulancy, but it would be helpful if the examinations made the tendency clear so that throughout the seminary and diaconate experience the man could be helped to meet the problems courageously and to use his understanding of himself to help other people rather than working out unconsciously on them his own feelings.

Physical, psychological and religious history outlines probably also should include some consideration of the emotional factors, and give some factual basis for judgment as to the quality of the student's relationships with other people and with God. Many men who are within the limits of acceptance for the postulancy have serious personal concerns and need assistance with their problems. A few schools are aware of

is. Where these considerations are omitted in the Church it is the more striking because the Church is so much concerned with relationships of love and understanding, with freedom from guilt, grudge, confusion, envy and spite. The Church does work to keep well people well and deals in large measure with the normal feelings that bring people together or keep them apart. One of the most conspicuous human traits of our Lord is His completely wholesome inter-personal relationships.

From observation of the clergy in the hospital, there is some evidence to warrant the impression that a great deal of professional unhappiness and insecurity is present because the clergyman has never had an opportunity to work out his own emotional conflicts with a counselor in a seminary or early in his ministry. Adequate attention to these things in the postulant examinations might be the first step toward giving them more attention throughout the training and working life of the clergyman. If these things are not taken into account, it makes it very difficult indeed to fulfill the ordination promise to be a wholesome example and to have a wholesome family life. As a physician recently pointed out, the clergyman, by his very choice of work, does need to be more patient with his wife, more kindly to his children, more honest with his finances, more understanding of the anxious and guilty and sinful, more outgoing, warm, friendly, responsible and happy.

Examinations in the medical tradition, and sometimes in the religious, emphasize what is wrong rather than what is right. Somehow attention needs to be given also to the positive elements as well as to the presence or absence of emotional and physical disability. Such matters as the applicant's personality strengths, likability, maturity and cooperativeness are important; whether or not he is natural, spontaneous, flexible, democratic, relaxed, straightforward and cheerful is of concern to the Church; what is the scientific nature of his religious feelings, observances, and conflicts is another question; the determination of his degree of integration, dependability and understanding, as well as the degree to which there is affectation, selfishness, evasiveness, condescension or inferiority. Some exploration also from the point of view of motives, life purposes, values and ethical standards (matters with which the clergyman is professionally concerned) might well be gone into as part of the religious history of the applicant.

Some of this is from a psychiatrist, some from the internist, and some from my own observation and experience with theological students.



## SOME GENERAL CONSIDERATIONS ON THE RELIGIOUS CARE OF THE MENTALLY ILL

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The purpose of this paper is to bring to our attention the Mental Hospital Chaplaincy as a religious ministry in its own right. Up to the present time the Council for Clinical Training has of necessity been more concerned with finding mental hospitals as possible training centers, than with working with the churches and the medical profession in maintaining an adequate religious ministry in the mental hospitals of the country. For the first time in the history of the Council for Clinical Training organizational problems are relaxing and increasing attention is being given to this latter problem. This is timely in view of the great amount of attention now being given to the whole concern of mental health and adequate care for the mentally ill, and to the problem of interdenominational cooperation, since in the vast majority of cases an adequate religious ministry in a mental hospital within the Protestant faith group must be interdenominational.

The first part of this paper will deal with a detailed description of the Chaplain's work. The second part will attempt to evaluate the significance that this work has for the growth and development of religious and psychiatric insights in the Chaplain himself, and what this might mean to the Church.

### I

Generally over the country the Protestant religious ministry in our mental hospitals is conducted by those Protestant clergymen having parishes in the cities or towns where the particular hospital is located. As a rule the ministry thus offered consists of a Sunday afternoon service, and possibly a bit of ward visitation during the week. The ministers, though sincere and willing, have a varying amount of insight into the needs of the mentally ill, and are as a rule at a loss to know what to do or say when their turn comes around. As a rule the same sermons are preached which were used with their own congregations in the morning, and the hymns are selected from the aged and worn song books usually found in hospitals. Those songs are chosen which the patients like to sing best—regardless of their content. These ministers usually experience the mild annoyance that comes from a feeling of not knowing what to do or say. It is hardly necessary to point out also that the patients of our public institutions are not always spared the ordeal of fire and brimstone preaching and sectarian emphasis. Dr. Anton T. Boisen tells of the good ministers who came to an eastern hospital and preached on the text, "If thy right eye offend thee, pluck it out . . . and if thy right hand offend thee, cut it off." The fact is that most of our mentally ill are still receiving an inadequate ministry, though perhaps not usually as inappropriate as that above.

At the present time there are probably not more than ten or fifteen mental hospitals in the country that are receiving the regular ministrations of Chaplains whose orientation in psychiatry and religion qualifies them

or the institutional chaplaincy according to the standards of the Council for Clinical Training.

Let us consider now the work of the trained Chaplain in an effort to understand how he uses his time, and what he might accomplish.

The population of the average mental hospital can be divided roughly into two groups, (1) the general population of patients whose condition, while not necessarily static, and certainly not hopeless, is not acute, and whose stay in the institution has been or promises to be more a matter of years than of months; and (2) the new patients, the patients on active treatment, and the alcoholics. These two groups require a different type of ministry, though few institutions even with adequately trained Chaplains have the facilities required to carry out such a ministry.

The ministry to the general population of the hospital, at a minimum, requires the Sunday Service and the offices of religion at the time of emergency, together with a general ministry of friendliness and good will. The Sunday service to be helpful must have all the basic elements of protestant worship, and in such a way as to mean the most to the patients in their peculiar needs. These basic elements would include, (1) Praise and Adoration. Liebman in his widely read book, *Peace of Mind*, speaks of belief in God as "saying 'yes' to life." It seems that this suggests, in a refreshing way, what we are doing when we worship through acts of adoration and praise. Such affirmation is essential to health, and religion properly applied is in a position to help people best express these positive feelings. (2) Another basic part of Protestant worship is the confession of sin and the assurance of pardon, and other expressions of application and of the desire to grow and become. Health demands that two great realities be continually before us: the fact of sin (intelligently defined), and the fact of forgiveness—the faith that sees redemptive love and saving grace to be greater than sin. Without a real sense of the awareness of these two realities, regardless of the language in which they are clothed, there is no real mental and emotional health. (3) Another basic part of Protestant worship is the prophetic ministry—"the foolishness of preaching"—the instruction. The need for practical helps in the direction of more abundant living, the need for fresh interpretation of the ancient insights of the church and of religion—even within the confining atmosphere of the institution—are most meaningful to people in personal distress. Through all the worship should run the ministry of assurance: God loves them as they are, and their lives can and do have meaning and purpose. They will be challenged in maintaining a positive attitude of good will, and helped to feel the importance of humble tasks. The Sunday service at its best will be a dynamic experience even for the general population of the hospital.

The second group within the hospital, the new patients, the patients in active treatment, and the alcoholics, on the other hand will require all the elements of worship suggested above and even more. Here the Chaplain's psychiatric insights are even more important than in the more general ministry outlined above. This select group will always be comparatively small, and it is entirely possible that the Chaplain, having personal contacts with the patients each day, and having access to the records of the hospital, will have some knowledge of the conflicts and needs of most of the patients attending the service. He should select that worship material and discuss those things which he feels are most meaningful to the



group at the moment. The chief difference between the Sunday Service for the two groups might be that assurance and encouragement to live more abundantly within the institution is appropriate for the general population, while a more aggressive, expectant-of-recovery attitude is appropriate for the latter group.

A helpful and meaningful Sunday service for the mentally ill is born of much labor, because the need for keen discrimination in the use of words and religious symbols is a rigorous discipline that one cannot escape.

In addition to the Sunday service the trained Chaplain always has more personal visitation than he can handle. New patients come in at irregular intervals, or in such numbers that he is sure to miss several, if not many, and yet it is his task to become personally acquainted with as many patients of his faith group as possible. The Chaplain is constantly called on in cases of emergency such as sickness and death. He needs to have appropriate prayers and thoughts immediately available. All through the week various patients will be asking to see him, and he is called upon to offer a ministry of listening and support, occasionally censoring outgoing mail or assisting a patient in contacting one or another staff member. The library for the patients will receive the Chaplain's attention. He should do his best to provide healthy religious books and papers for the patients to enjoy. He will also want to see that the Medical Library has on its shelves the various books and papers which men of religion have contributed to the field of psychiatry and mental hygiene.

Important also under the work of the Chaplain are the many administrative requirements. It is usually his responsibility to see that there are adequate properties available for public worship, and that they are properly cared for. He usually has the responsibility of assisting visiting clergymen. In some cases he must help arrange special denominational services over and above the usual Protestant services, such as Jewish services or Greek Orthodox services.

In addition to the discipline of pastoral techniques used in working with patients, the mental hospital Chaplain must maintain a relationship with the staff and employees of the institution. In most cases where a clergyman becomes a mental hospital Chaplain there is no precedent for the Chaplaincy in that institution. The staff and employees are almost always inwardly suspicious for the new Chaplain and his program. As a rule, personal acquaintance with the Chaplain gradually changes this inward suspicion and outward tolerance to warm appreciation and support. The new Chaplain finds with the sage of ancient days that "in quietness and confidence" shall be his strength.

In time the trained Chaplain should become a strengthening factor within the institution. His progressive attitudes toward the treatment and handling of patients ally themselves with whatever leaven is already present in the hospital, and almost unwittingly he becomes a substantial help in the creating and maintaining of healthy attitudes within the hospital. Almost invariably he is asked to participate in the training program for new employees.

## II

Thus far the mental hospital chaplaincy has been viewed from the outside. Now we change our perspective and begin looking behind the chaplaincy program into the meaning and challenge that such a ministry

offers the Chaplain himself, and its possible influence on his future ministry in the Church.

The discipline of practical orderly theological thinking and practice is central in a chaplaincy experience. As pointed out above, the need for keen discrimination in the use of words and religious symbols is a rigorous discipline. It is literally perilous to use the term "sin," assuming that the patient or patients will understand what is meant by it. Sincere regard for the individual demands that we find out what a given term means to that person before we use the term in an effort to minister or be helpful to him.

As the Chaplain becomes acquainted with the symbols of psychiatry, he is impressed with the similarity or even the sameness of the realities with which the symbols of psychiatry and of religion are dealing. The psychiatrist may speak of the "id" while the religionist speaks of "original sin," but both are dealing with aspects of the same primitive asocial drives which are as surely a part of the human endowment as is life itself. Suddenly the thinking of the Chaplain—or the student in training under the trained Chaplain—is confronted with a problem in semantics and there is no escape. The Chaplain has the unique opportunity and responsibility to think through many of the great doctrines of the Church, and to bring new life, new emphasis, and new meaning into many of the traditional concepts and practices of historic Christianity.

The suicidal patients with their dramatic enactments of the atonement idea, the patients showing homicidal tendencies with their backgrounds of rejection and emotional starvation, the fearful and anxious people scourged by vicious teachings of perfectionism—these people have problems which are basically religious in character. The Holy Communion, the rite of Baptism, and even worship itself for these people is not a "cut and dried" order, but a special, if not individual, ministration calling for the utmost in careful and thoughtful treatment.

For purposes of illustration the writer would cite a case from his own institutional ministry. Emil E. is twenty-three years old. He can quote more scripture than the vast majority of ministers. In fact his second admission to the hospital was partly because he was driving his family out of the house by constantly reading the Bible aloud to them at all times and in all places. His first admission a few years previous followed a suicidal attempt on Mother's Day. Emil was the only child by a former marriage—his own father died before he was born—there were several half-brothers and a stepfather in the home. Emil resented his "outside" status in the home, and yet was afraid to be honest about his feelings, and thus he felt extremely guilty and unworthy finally to the point of suicide. In the hospital he tortured himself with various scripture passages having to do with "the fear of the Lord," "the wisdom of God," "the fool hath said"—the more vague the better—and in each case he made himself a hopelessly lost sinner in whom there was "nothing but deceit and vanity." As nearly as the Chaplain could understand, this preoccupation meant a great deal to the patient. He came to the Chaplain regularly "seeking wisdom, that I might be purged and made clean." Finally he asked to be baptized in order "to fulfill all righteousness." His family were not referred to any church. It was immediately obvious that no ordinary administering of the Sacrament would meet the real needs of this person, and the Chaplain was driven first of all to discover in exactly what ways



the Sacrament could contribute to the young man's health rather than his illness, and secondly to work out such a service as would be adequate for him and at the same time in the historic tradition, and positive in meaning. It was felt that any relief that could be given to the burden of guilt would be a real ministry, and any feeling of belonging to a family, and of being included in a fellowship would be peculiarly helpful to him. A service was worked out and carefully explained to the patient, and at the appointed time a small group of patient friends and a few interested employees came together, and Emil was baptized into a new family, and urged to relax in the knowledge of the goodness of God.

A clergyman's ministry is never the same after dealing with these crisis situations day after day. Each individual calls for fresh adaptations of the insights of religion. The theology of the books suddenly becomes incarnate in the life experiences of people as the Chaplain comes to appreciate the meaning of their sicknesses and conflicts, and as he feels his way through the maze of inter-personal relationships that have affected the character and personality formations in those he sees around him. The trained Chaplain will become increasingly devoted to the fellowship of the Church because he will see more clearly the tremendous resources the Church has to offer. At the same time he will become more concerned that it will perform its task more adequately.

Pastoral techniques and theological doctrine tend to become integrated in this work. The great doctrine of redemptive love becomes in one instance the willingness to believe in and invest time with a person who has been labeled "hopeless." John S. had been admitted to the hospital a dozen times and the staff and employees were weary of him. He was a "psychopath," "hopeless," and it was a waste of time to visit with him. Today John is active in the Alcoholics Anonymous and is sober. He works and lives a respectable life in the community, and all because there were a few—mighty few—who, true to redemptive love, refused to let go.

The great doctrine of the forgiveness and mercy of God in another instance becomes a matter of refusing to be judgmental or critical in the face of bold moral laxity. (Luke 7:39). It is interesting to note that the vast majority of Clinical Training students leave their mental hospital experiences with more love and charity for their fellow men than they had before their mental hospital internships. It is hardly necessary to point out that not only intellectually, but even more, spiritually and emotionally, the Chaplain himself is involved in a significant growing process throughout the chaplaincy experience.

The mental hospital chaplaincy will seldom appeal to a minister as a life time place of service. Institutional work is confining and it is easy to get into one or more of the proverbial ruts. However, following an adequate period of Clinical Training there is hardly a more rewarding experience for the alert young seminary graduate than a two or three year ministry in an institution.

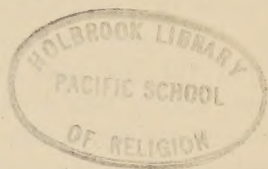
The Church and the Council for Clinical Training are mutually dependent on one another in the institutional ministry. The Church has been painfully slow in extending its ministry to the hundreds of thousands of people confined in institutions. In its chronic ministerial shortage in the parishes of the country it has been inclined to look upon the institutional ministry as a rival rather than an extension of its own ministry.



to an area of human life long neglected. Increasingly, the Council sees itself as the servant of the Church, desiring above all else to serve the present age by assisting in every way the wisest possible use of the resources of religion. The mental hospital chaplaincy, along with the chaplaincy program in general hospitals and correctional institutions, is one of the strategic places where the Church must move in, adequately prepared to make its rich and unique contribution.

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## Reviews



PROBLEMS IN RELIGION AND LIFE, by Anton T. Boisen . . . 159 pp.

(Abingdon-Cokesbury, New York, 1946, \$1.50).

Dr. Boisen has again contributed a very valuable book for the pastor's work. This time he treats of his methods of study, not the results; the type of inquiry both sociological and psychological, not established concepts or the materials, historical and contemporary, which led to his formulation of the constructive character of schizophrenic experience in *The Exploration of the Inner World*. In this new book there is made available the outlines and clues to procedure that have been so successfully developed for class study at the Chicago Theological Seminary.

The minister's work is a ministering to people. With this awakening concern as to how the pastor can be of service, pointed and purposeful suggestions are made so that he can get to know his people, their community and their needs. Special attention is paid to those with special needs, those who are variously maladjusted, and particular problems for the minister's growing awareness. The book is equally concerned to help ministers develop cooperative research into the reading of the "living documents"—as Dr. Boisen would say. Study groups of clergy will find the manual a guide on methods to gather their own material and ways to interpret it. Such joint study is of enormous value if clergy today are to learn to benefit from each other—what we might call the presbyteral function of a colleague.

The bibliography, one notes with regret, is not as complete in numbers of books or in notations as would be helpful to the student who needs guidance in his empirical pursuits. This seems to be the only drawback to the usefulness of the manual. One could also hope for a less defensive position of the task of the minister, as distinguished from that of other professions concerned with human welfare, and one might hope for some evaluations of mysticism and sacramentalism (surely what is meant is not sacramentarianism'?) as worship, and that not just for the sake of service, but these theological views do not impair the value of what is a work book for every pastor's hand.

—T. J. B.

THE CHALLENGE OF OUR CULTURE: Clarence Tucker Craig, ed.  
Vol. I of The Interseminary Series (Harpers, New York, 1946,  
\$1.50).

Professor Walter M. Horton contributes to this volume an essay on "Personal Tension in Modern Life." It is but one of a series of essays on the "acids of modernity" as they touch Christian life, mechanisation, power, race, and secularism. The volume itself is but one of the series prepared for the national Interseminary Conference held in the early summer, and it was studied also by many dozens of theological students who could not be at the conference. Dr. Horton, who gave us his very interesting "Psychological Approach to Theology" sometime ago, now evaluates the psychological facts which stand in challenge to religion.

The essay, of thirty pages, is a concise resume of various personal conflicts, their casual factors and their manifestations in social and religious life. There is a description of types of conflicts, psychoses and neuroses, as classified by external manifestations; and there is a brief criticism of the views of Freud, Kunkel and Horney. One point of contact is established with religion in a single reference to the *Angst der Kreatur*, but this anxiety is held to be significant only because our modern culture is "unhealthy." This view could only be possible within a theology absolutely individualistic and a psychology that ignores the dialectical character of guilt. Surely men's anxiety, both innocent and guilty, needs for its description an eschatology that shows man and men to be of a piece, and a dynamic psychology that senses both the anxiety and guilt in the depths of man's being. In the final summary it is suggested that this guilt needs repentance; it seems, however, to be the experience of both Christian faith and modern psycho-therapy that what it needs is forgiveness. —T. J. B.